

OFF CAMPUS PE Application Reminders

Before submitting your OFF CAMPUS PE application, please ensure the following items are included and correct:

1. All required information on the application has been provided (all blanks filled in).
2. Activity/sport practice schedule must be completed and practice times provided on page 2.
3. Please check that the practice hours total 10 (for Category 2) or 15 for (Category 1).
4. Please make sure your child practices 5 days total each week. 4 days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week.
5. All instructor information, including phone number and e-mail address, is complete and legible.
6. While applications may be accepted until the second Friday of the first semester of school, it is advisable that your application be submitted no later than the second Thursday in June, in order to guarantee a correct schedule.
7. Please note that your signature on this application indicates that you understand that all absences from school related to OFF CAMPUS PE activities will be unexcused.
8. Return to the counseling office at your student's home campus.

Please be advised if any of the above information is missing or not in compliance with the program requirements your application will not be processed.

**MARBLE FALLS INDEPENDENT SCHOOL DISTRICT
OFF-CAMPUS PHYSICAL EDUCATION APPLICATION**

The purpose of the Off-Campus Physical Education Program is to accommodate students who are making a serious effort to develop high-level capabilities and to allow them to be involved in a program that provides training exceeding that offered in the school district. This student is taking this course for physical education requirements or for credit and he/she may not be enrolled in another physical education class or athletics while participating in the Off-Campus Physical Education Program. Students may not drop OFF CAMPUS PE during the school year to participate in school athletics or vice versa. High School students participating in this program may receive a maximum of one half credit per semester. *Please conference with your counselor to determine the impact that off campus PE will have on MFISD requirements or graduation plans.*

ATTENTION: Only students involved in the activities: **ART SKATING, EQUESTRIAN, FENCING, GYMNASTICS, ICE HOCKEY, ICE SKATING, LACROSSE, MARTIAL ARTS, SWIMMING, TENNIS, AND GOLF** will be considered for participation. In order for this application to be considered for any semester, it must be completed and returned to the counselor at your student's home campus no later than the end of the SECOND week of the semester being considered.

TO BE COMPLETED BY THE PARENT (PLEASE PRINT)

All information below must be filled in before the application will be processed.

STUDENT NAME _____ STUDENT ID# _____

CAMPUS NAME _____ GRADE _____
Upcoming School Year Upcoming School Year

SEX: M _____ F _____ COUNSELOR NAME _____

PARENT/GUARDIAN _____

STREET ADDRESS _____

CITY _____, TX ZIP _____

PHONE (H) _____ (C) _____

PARENT EMAIL ADDRESS _____

FOR DISTRICT USE ONLY

Date received _____

CATEGORY _____

Received by _____

HOURS _____

I am applying for Off-Campus PE in the following ACTIVITY/SPORT:

Applying for Off-Campus PE: Check one:

Semester 1 _____ Semester 2 _____ Both Semesters _____

CATEGORY 1 (15 HRS/WK) _____

Circle One: I want my schedule to reflect my OFF CAMPUS PE class:

A.M. or P.M.

CATEGORY 2 (MUST REMAIN ON CAMPUS– 10 HRS/WK)

You must add an elective in lieu of PE.

State elective class preference for elective:

1. _____ or 2. _____

NAME OF FACILITY /PRACTICE FIELD/CLUB:

ADDRESS _____

CITY _____, **TX** **ZIP** _____ **PHONE** _____

NOTICE TO PARENT:

If you have questions regarding the feasibility of Off-Campus PE working with your child's schedule and/or the impact it will have on his/her graduation plan, please contact your child's guidance counselor. Upon approval of the Off-Campus PE application, the campus guidance counselor will be notified. In the event the campus can create a class schedule to accommodate this request, the student's schedule will be changed to reflect enrollment in Off-Campus PE. The student's participation in Off-Campus PE may allow him/her to earn Physical Education credits required for graduation or to meet MFISD requirements.

*For middle school students, please schedule a time to conference with a middle school counselor about enrollment options for Off-Campus PE. Their signature is required before this application will be processed.

*COUNSELOR _____

PHONE/EXT: _____

TO BE COMPLETED BY PARENT AND STUDENT:

PARENT PERMISSION

I have carefully read all rules and guidelines for the Off-Campus Physical Education Program and I agree to comply with those regulations. I hereby release the Marble Falls Independent School District, its employees, agents, and its Board of Trustees, from all claims or liability in any way attributable to this program, including all travel to, from, and during the program. I also understand that all liability in case of accident or hospitalization is the responsibility of the parent or of the private or commercial school. The Marble Falls Independent School District is not responsible for accident or hospitalization insurance. I understand that the Marble Falls Independent School District has no control over the daily activities of the program, quality of the program, or qualification of the instructor in the program.

My son/daughter

_____ has

permission to participate in the Off-Campus Physical Education Program for

_____ at

Name of sport or Activity

Name Facility/Practice Field/Club

****This facility and coach may not be changed at any time during the year without the prior approval of the OFF CAMPUS PE Coordinator. Failure to comply will result in automatic suspension from the OFF CAMPUS PE program for the remainder of the year and physical education requirements or credit could be jeopardized.***

Parent/Guardian Signature _____

Student Signature _____ **Date** _____

THIS APPLICATION will NOT be processed without the following information:

The student must participate in his/her activity, under professional supervision, a minimum of 10 hours each week for Category 2 (*cannot leave campus and must add an additional elective to their schedule of classes*) OR a minimum of 15 hours for Category 1 (can leave campus one class period early) at *one* approved agency.

The record concerning daily attendance, grades, etc. must be completed and returned to the campus on the appropriate dates. Student participation is required a minimum of four (4) days during the week (Monday through Friday) plus one (1) additional day that may fall on either the weekend or during the week for a total of five (5) days per week.

The hours needed to qualify for either Category 1 or 2 *may not* include travel time or any other activity that is not under your direct supervision. Students may not change coaches or facilities without prior approval of the OFF CAMPUS PE Coordinator. Failure to notify the OFF CAMPUS PE Coordinator that a student is no longer being coached by you, will lead to an automatic suspension of the coach from the MFISD OFF CAMPUS PE approved facilities and coaches list.

TENTATIVE SCHEDULE - TO BE COMPLETED AND SIGNED BY THE INSTRUCTOR

	Beginning	Time Ending	Time Site Location/Address TEAM NAME/TEAM#, if applicable
MONDAY	_____	_____	_____
TUESDAY	_____	_____	_____
WEDNESDAY	_____	_____	_____
THURSDAY	_____	_____	_____
FRIDAY	_____	_____	_____
SATURDAY	_____	_____	_____
SUNDAY	_____	_____	_____

UNANNOUNCED SITE VISIT CHECKS WILL BE MADE PERIODICALLY EACH SEMESTER.

INSTRUCTOR'S NAME (Please Print):

INSTRUCTOR'S EMAIL ADDRESS: _____

FAX _____ **CELL PHONE** _____

PHONE NUMBER AND EMAIL ADDRESS MUST BE INCLUDED WHERE INSTRUCTOR CAN BE REACHED FOR GRADES/ATTENDANCE.

GRADE SHEETS WILL BE SENT TO THE CAMPUS VIA:

EMAIL _____ **FAX** _____ (check one)

As a qualified professional instructor, your signature verifies the above schedule and the adherence of the athlete to this schedule.

THIS APPLICATION IS INVALID WITHOUT THE INSTRUCTOR'S SIGNATURE AND DATE.

INSTRUCTOR SIGNATURE _____ **DATE** _____